

Name
in
Full

Lemuel Beck

CERTIFICATE OF DEATH

Died at *Skones Neck* Town *Rock Hall* County *Kent-* MARYLAND

Date of death *1905* Month *Sept.* Day *11* Age *2* Years Months *—* Days *14*

Sex *Male* Color or Race *White* Birth-place *Kent-co. Md.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name*Lemuel E. Beck*Father's
Birthplace*Kent-co. Md.*Mother's
Maiden Name*Sarah E. Watson*Mother's
Birthplace*" " "*Name of person giving
In formation*Lemuel E. Beck*How related
to deceased*Farther*

CAUSES OF DEATH

Primary

Pneumonia

How long

Two weeks

Immediate

Exhaustion

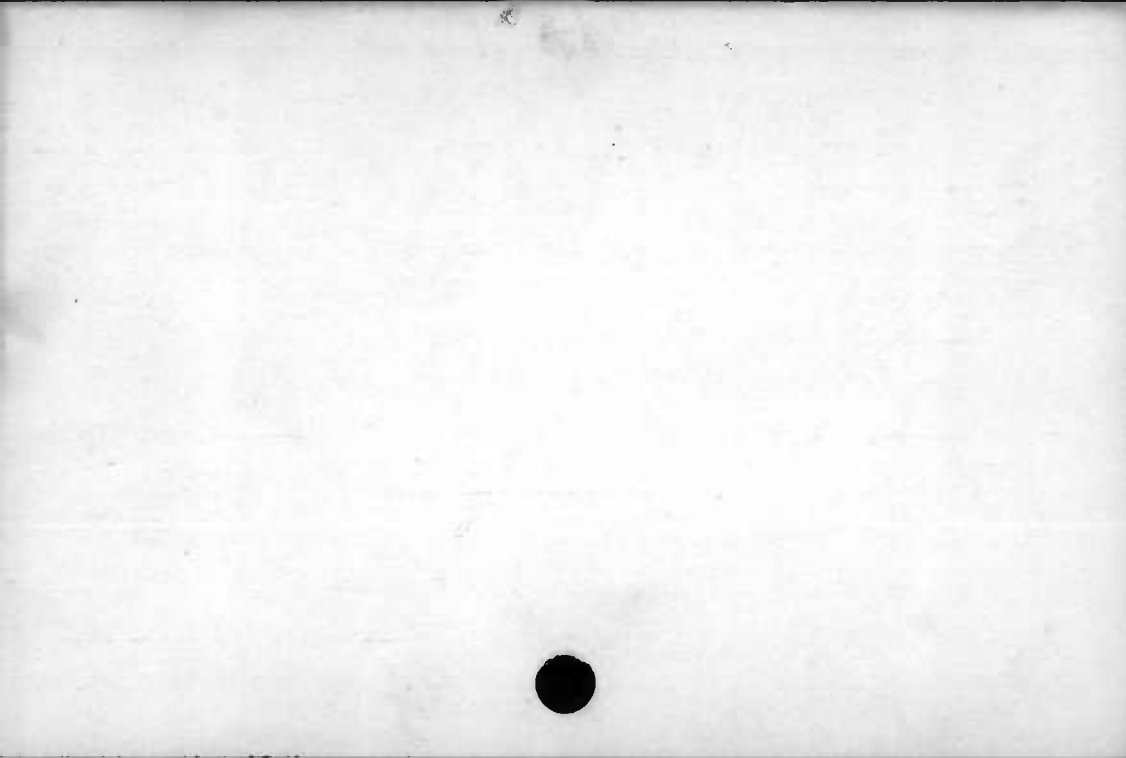
How long

*One day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

Walter C. Kelly
Rock Hall, Kent Co.

Accident or Suicide?



Name
in
Full

Vincent Arthur Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Mary Wee*^{County} *Kent*

MARYLAND

Date of death *1905* ^{Month} *Sept*^{Day} *2nd*Age ^{Years}^{Months} *5*^{Days}Sex *Male*Color or Race *Col*Birth-place *Kent Co Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Jerry H. Brown*Father's
Birthplace*Md*Mother's
Maiden Name*Ann B. Ordley*Mother's
Birthplace*Md*Name of person giving
In formation*J. H. Brown*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Iles colitis

How long

several weeks

Immediate

Exhaustion

How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. G. Quinners*

Address

Chesapeake

Accident or Suicide?

*No*PHYSICIAN
OR CORONER

Morgan West.

Name
in
Full

Golden Carrol Bryden

CERTIFICATE OF DEATH

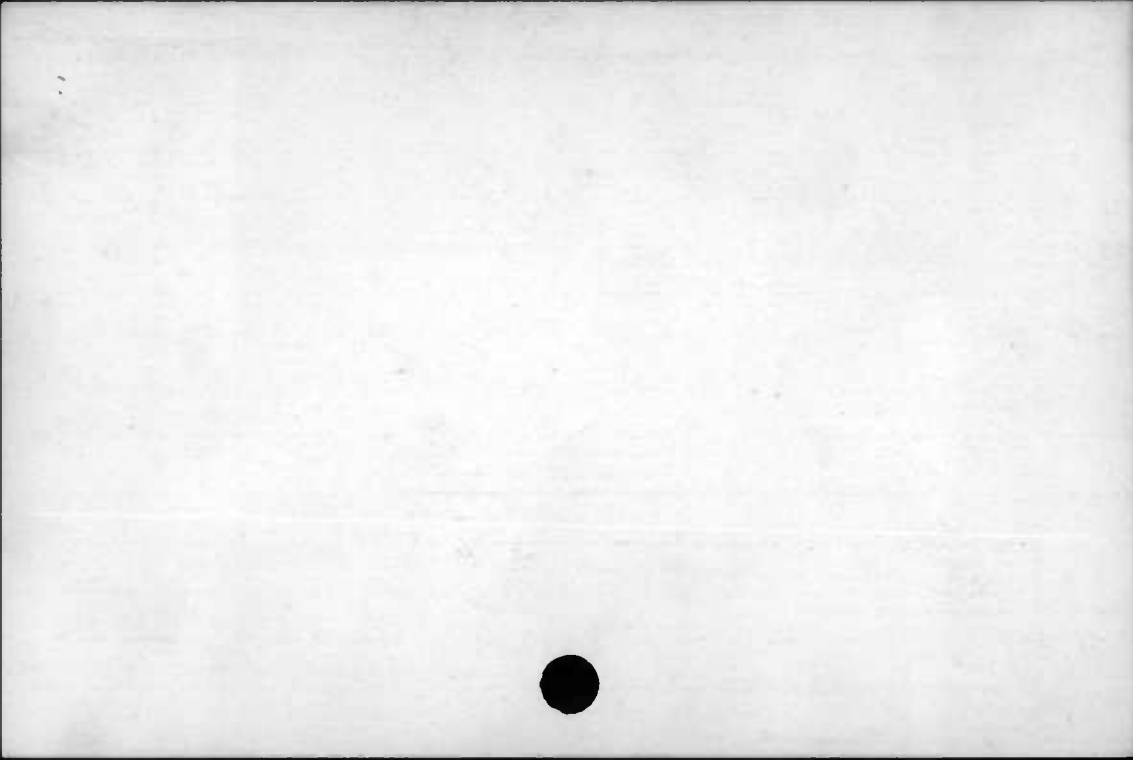
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pine</i> ^{Town} <i>neck</i>		<i>Kent</i> ^{County} <i>leo</i>		MARYLAND	
Date of death	190 <i>Sept</i> ^{Month}	<i>23</i> ^{Day}	Age	<i>6</i> ^{Months}	<i>6</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Pine Neck Md</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Thomas Jessie Bryden</i>		
Mother's Maiden Name			<i>Carry Amanda Ashley</i>		
Name of person giving information			<i>Father</i>		
Father's Birthplace			<i>Pine Neck Md</i>		
Mother's Birthplace			<i>" "</i>		
How related to deceased			<i>" "</i>		

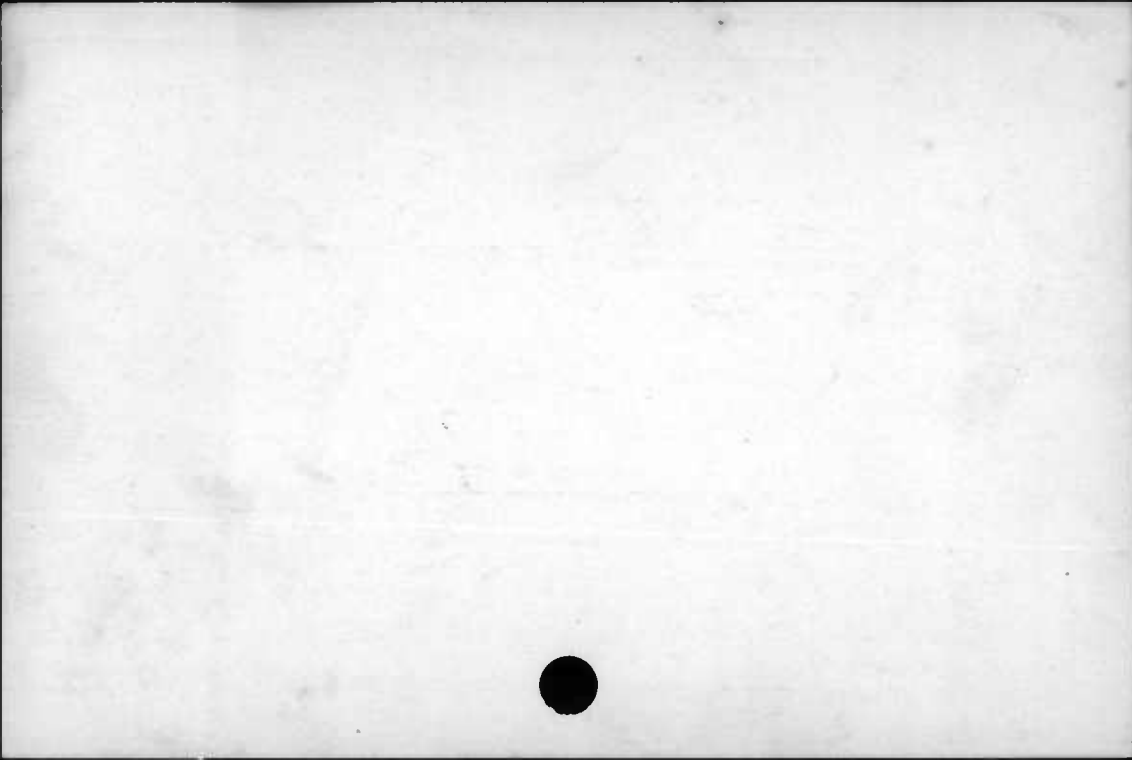
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Concussion</i>	How long	<i>36 hours</i>
Immediate	<i>Heart Failure</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. M. Heath M.D.</i>	
		Address	
		<i>Rock Hall Md</i>	
Accident or Suicide?			



Name in Full		William Henry Carroll				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Oliver Hill near Galena</i>		Town <i>Kent</i>		County		MARYLAND
	Date of death <i>1905</i>		Month <i>Sept</i>		Day <i>19</i>		
	Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Kent Co. Md</i>		
	Occupation <i>Labour</i>		Where Residing if not at place of death				
	Married , Single or Widowed		Name of Wife or Husband				
	Father's Name <i>George Alfred Carroll</i>		Father's Birthplace <i>Kent Co. Md.</i>				
	Mother's Maiden Name <i>Emma Louise Parker</i>		Mother's Birthplace <i>Kent Co. Md.</i>				
Name of person giving information <i>Emma Louise Carroll</i>		How related to deceased <i>Mother</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>		How long <i>10 days</i>				
	Immediate <i>Intestinal Hemorrhage</i>		How long <i>2 1/2 hrs before death</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward H. Scott</i>				
			Address <i>Galena, Md.</i>				
Accident or Suicide? <input type="checkbox"/>							



Name
in
Full

Helen Barrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Golts</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Sept</i> <small>Month</small>	<i>1</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>near Golts md</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm. J. Barrow</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Hamie Tucker</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Hamie Barrow</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i> <i>105</i>	How long	<i>10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. A. Enos M.D.</i>	
		Address <i>Townsend Del</i>	
Accident or Suicide?			



Name
in
Full

Raymond Crossley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ches. Artom</i>		Town <i>Heart</i>		County		MARYLAND	
Date of death	1900	Month	<i>Sept</i>	Day	6	Age	Years
Sex <i>Male</i>		Color or Race <i>Col</i>		Birth-place <i>Med</i>		Months	1
Occupation		Where Residing if not at place of death		Days		2	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Wm. Crossley</i>		Father's Birthplace					
Mother's Maiden Name <i>Francis Thomas</i>		Mother's Birthplace <i>Med</i>					
Name of person giving information <i>Alice Thomas</i>		How related to deceased <i>Grand mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mal nutrition</i>	How long	<i>Since birth</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. G. Jones Sec</i>
		Address	<i>Local Board of Health</i>
Accident or Suicide?	<i>no</i>		<i>Ches. Artom</i>

Buried at James M & Ch
Cemetery

Name
in
Full

Ralph Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Rockface ^{County} Kent Co.Date of death 1905 ^{Month} Sept ^{Day} 2 ^{Age} ^{Years} ^{Months} 20 ^{Days} 11Sex male ^{Color or Race} White ^{Birth-place} RockfaceOccupation ^{Where Residing if not at place of death}

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Wille Davis

Father's Birthplace

Kent Co.

Mother's Maiden Name

Bessie Davis

Mother's Birthplace

Kent Co.

Name of person giving information

Wm Davis

How related to deceased

Father

CAUSES OF DEATH

Primary

Summer Catarrh

How long

3 months

Immediate

Exhaustion

How long

One day

Are the name, age, sex, color, date and place correctly given above?

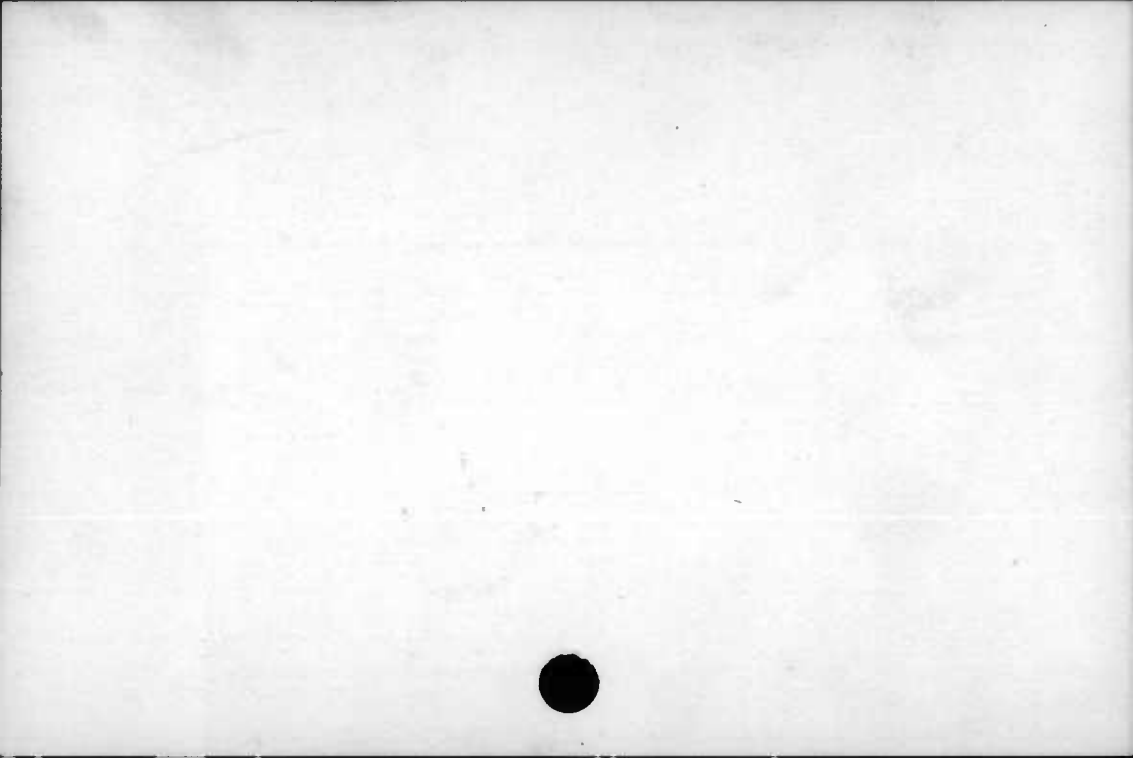
Yes

Signature of Physician

Address

Wm D. Kelly
Rockface Kent Co.

Accident or Suicide?



Name
in
Full

A. Graham Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

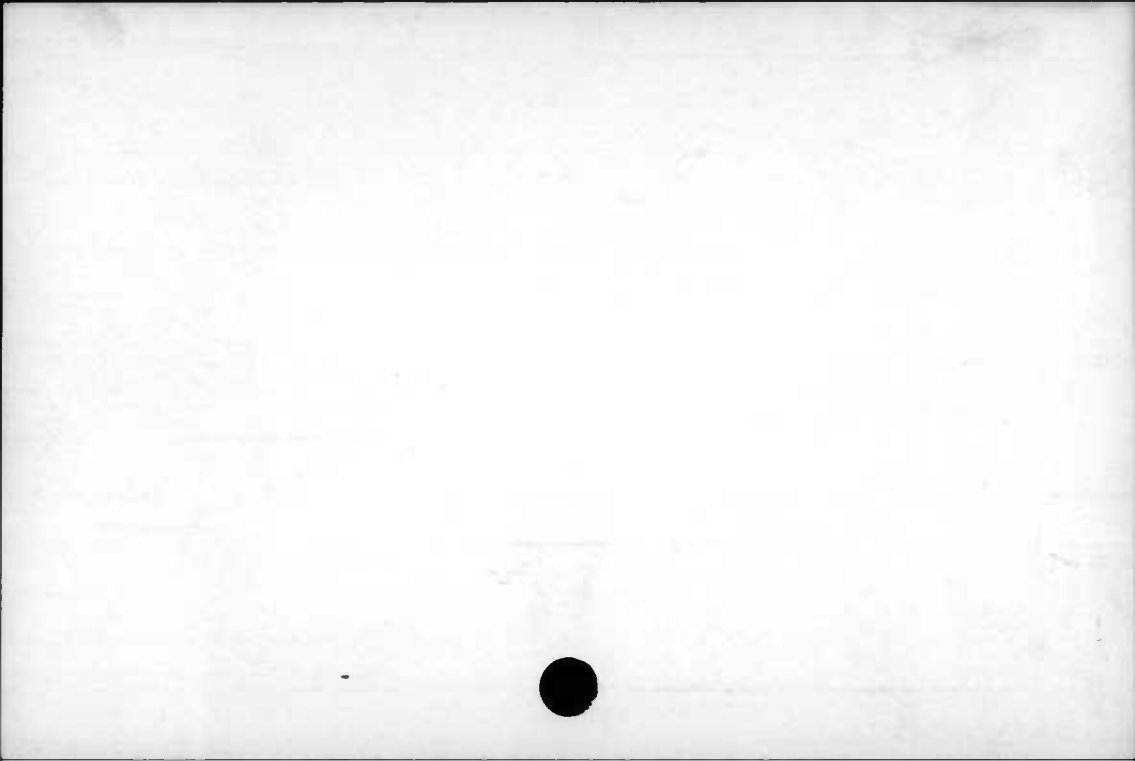
MARYLAND

Died at <i>new Galena</i> ^{Town}		<i>Kent</i> ^{County}			
Date of death <i>1905</i> ^{Month} <i>Sept</i> ^{Day} <i>22</i> ^{Years} <i>55</i>	Age <i>55</i>		Months		Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place		
Occupation <i>Labourer</i>			Where Residing if not at place of death		
Married, Single <i>Widowed</i>		Name of Wife or Husband <i>Mary Scott</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Haematuria</i>	How long	<i>several years</i>
Immediate	<i>Paralysis</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edmund A. Scott</i>	
		Address <i>Galena, Md.</i>	
Accident or Suicide?			



Name
in
Full

Parker Eravill Hurtt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Fairlee</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>Sept</i>	Day <i>10</i>	Age	Years	Months <i>3</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wardsville, Pa</i>		
Occupation			Where Residing if not at place of death <i>Wardsville, Pa</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Jos Hurtt</i>			Father's Birthplace <i>Mo</i>		
Mother's Maiden Name <i>Minnie Kemp</i>			Mother's Birthplace <i>Mo</i>		
Name of person giving information <i>Jos Hurtt</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>3 mo</i>
Immediate	<i>As thymia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank W Smith</i>	
		Address <i>Fairlee, Mo</i>	
Accident or Suicide?			

Chester County

Name
in
Full

Isaac Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Fairlee^{County} Neat

Date of death 1905 Sept

Day 15

Age Years 22

Months

Days

Sex Male

Color or Race Col

Birth-place Md

Occupation Farm hand

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Leon Johnson

Father's Birthplace Md

Mother's Maiden Name Laura White

Mother's Birthplace Md

Name of person giving information Father

How related to deceased

CAUSES OF DEATH

Primary Pulmonary, Intercutis

How long 1 yr

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank W Smith

Address

Fairlee, Md

Accident or Suicide?

No

PHYSICIAN
OR CORONER

Traveller's Companion

Name
in
Full

Amos Thomas Joiner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Rock Hall^{County} Kent

MARYLAND

Date of death 1905 ^{Month} Sept^{Day} 16^{Age} — ^{Years}^{Months} 6^{Days}

Sex Male

Color or Race White

Birth-place Kent co Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Robert Joiner

Father's
Birthplace

Kent co Md

Mother's
Maiden Name

Annie E. Thomas

Mother's
Birthplace

Md

Name of person giving
Information

Robert Joiner

How related
to deceased

Father

CAUSES OF DEATH

Primary

Senile Cataract

How long

6 weeks

Immediate

Ephorin

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

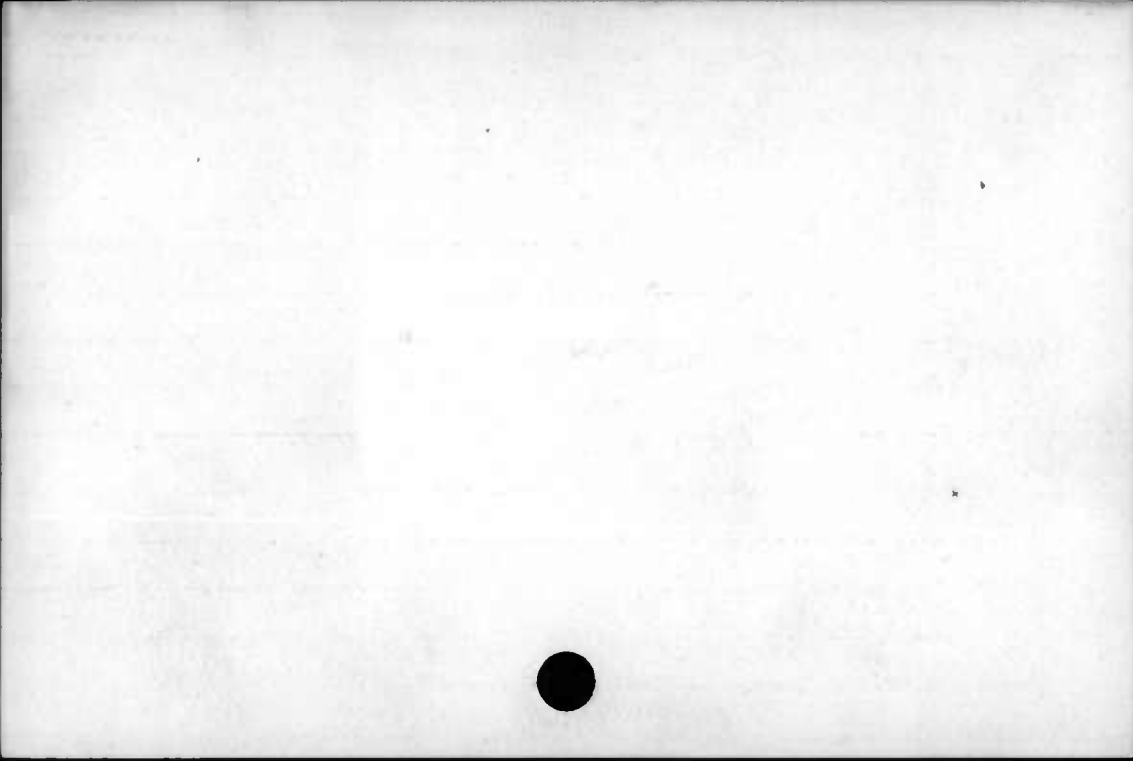
Walter O. Selley
Rock Hall Kent Co.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Salina</i> Town		County <i>Kent</i>	
		Date of death <i>1905</i> Month <i>Sept</i> Day <i>5</i>		Age <i>1</i> Years	Months <i>5</i> Days <i>24</i>
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Levitt Co. Ind.</i>	
		Occupation		Where Residing if not at place of death	
		Married, Single or Widowed	Name of Wife or Husband		
		Father's Name <i>Edward C. Jones</i>		Father's Birthplace <i>Kent Co. Ind.</i>	
Mother's Maiden Name <i>Rachel C. Wallace</i>		Mother's Birthplace <i>Kent Co. Ind.</i>			
Name of person giving information <i>Edward C. Jones</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Whooping cough</i>		How long	<i>2 weeks</i>
	Immediate	<i>Pneumonia & Cholera Infant.</i>		How long	<i>3 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Edward A. Scott</i>		
			Address <i>Salina, Ind.</i>		
Accident or Suicide?					



Name
in
Full

Laura Virginia Kendall

CERTIFICATE OF DEATH

MARYLAND

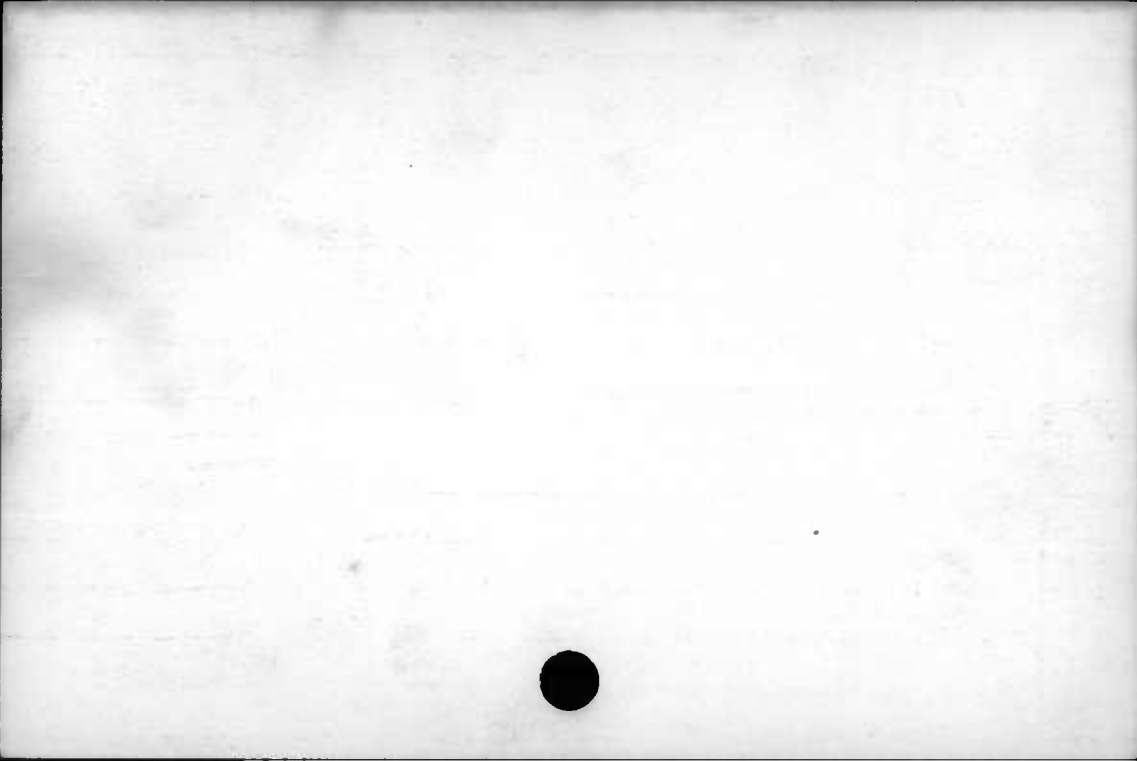
Died at ^{Town} near *Franklin*^{County} *Neub.*Date of death *1905* ^{Month} *Sept.* ^{Day} *7*^{Years} *61* ^{Months} *8* ^{Days} *-*Sex *Female*Color or Race *White*Birth-place *md.*Occupation *Housework*Where Residing if not at place of death *-*Married, Single or Widowed *Married*Name of Wife or Husband *Arthur Kendall*Father's Name *William I. Kendall*Father's Birthplace *Kentucky*Mother's Maiden Name *Louise Dumas*Mother's Birthplace *md.*Name of person giving information *May Kendall*How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Hypertropic Circulation of blood with endocarditis* How long *2 1/2 yrs.*Immediate *Pericarditis with effusion* How long *8 mo.*Are the name, age, sex, color, date and place correctly given above? *Y.P.O.*Signature of Physician *Franklin Smith*Address *Franklin*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Mathew</i>		Town <i>Swan Point</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Swan Point</i>		Date of death <i>1905 Sep 8</i>		Age <i>62</i>		Months Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>			
Occupation <i>Cook</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace					
Mother's Maiden Name <i>"</i>		Mother's Birthplace					
Name of person giving information <i>Lauren Stevens</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>179</i>
Immediate <i>Suppressed heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert F. Lewis M.D.</i>
	Address <i>Rock Hall Md</i>
Accident or Suicide?	

Henry Washburn

Name
in
Full

Emmie Marges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Chestertown

County Kent

Date of death 1905-9

Day 5

Age Years 5-4

Months 3

Days 4

Sex Female

Color or Race Colored

Birth-place Kent Co. Md

Occupation Housewife Landress

Where Residing if not at place of death Chestertown Md

Married, Single or Widowed Married

Name of Wife or Husband Emmy Marges

Father's Name John Bowser

Father's Birthplace Kent Co Md

Mother's Maiden Name Don't know

Mother's Birthplace Kent Co Md

Name of person giving information 1/2 brother & father

How related to deceased 1/2 brother

CAUSES OF DEATH

Primary Fatal degeneration of heart

How long Since 1 year

Immediate Result of over exertion

How long About two months

Are the name, age, sex, color, date and place correctly given above? y y

Signature of Physician W. Frank Hume's

Address Chestertown Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

Buried at James M E Ch
Cemetery -

Name
in
Full

Charlotte Rose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Near Kennedyville

County

Kent

Date of death 1905 Sept

Month

Day

10

Age

Years

60

Months

Days

Sex Female

Color or
Race

Black

Birth-
place

Kent Co Md

Occupation

Housework

Where Residing if not
at place of death

At home

Married, Single
or Widowed

Widow

Name of Wife or
HusbandFather's
Name

Robert Winchester

Father's
Birthplace

Caroline Co.

Mother's
Maiden Name

Emeline

Mother's
BirthplaceName of person giving
Information

Robt. Rose

How related
to deceased

Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rheumatic Endocarditis

How long

One year

Immediate

Emphysema

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

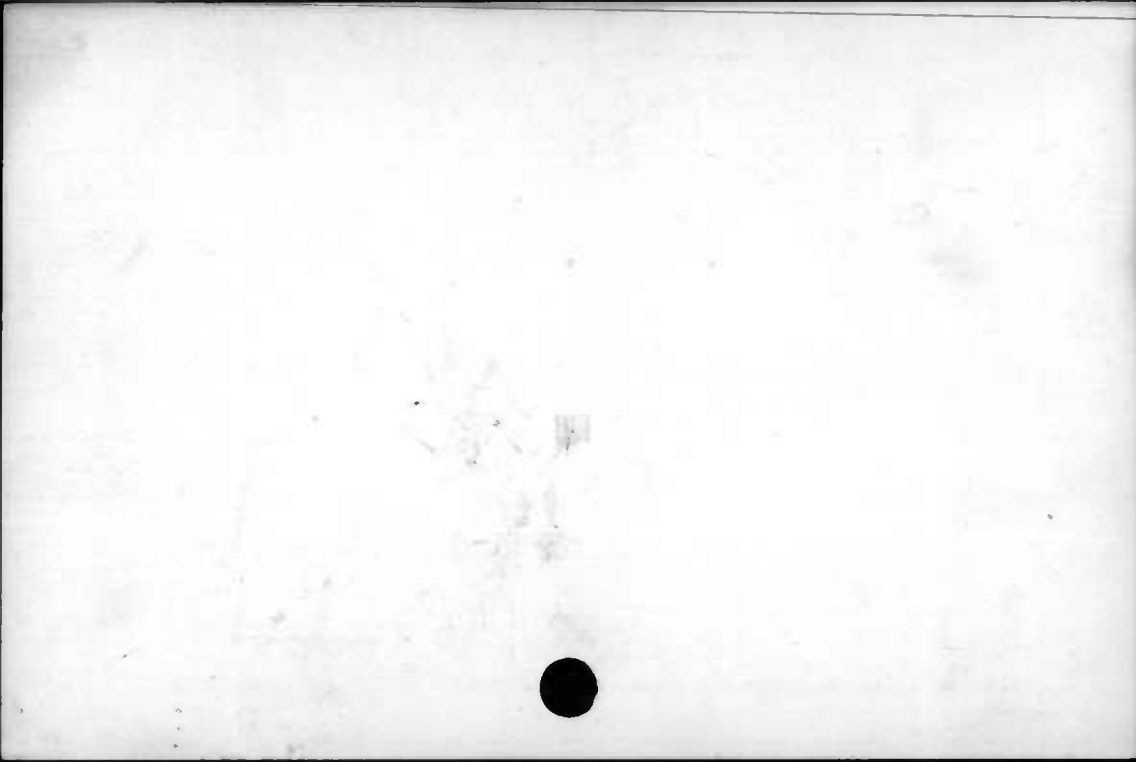
Signature of
Physician

C. P. Gorman MD

Address

Millington
Md

Accident or Suicide?



Name
in
Full

Baselia Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Still Pond^{County} Hunt

MARYLAND

Date of death 1905 Sept

Day 7

Age Years 1

Months 2

Days —

Sex female

Color or
Race

Black

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Davis Wilmer

Father's
Birthplace

Md

Mother's
Maiden Name

Bertie Brooks

Mother's
Birthplace

Md

Name of person giving
In formation

Davis Wilmer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

How long

6 months

Immediate

Exhaustion

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Jas W. Urie
5 Still Pond
Md

Accident or Suicide?

—

PHYSICIAN
OR CORONER

Still Pond.

Name
in
Full

Elizabeth Wright-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Melittsville		County Kent		MARYLAND	
Date of death		1906	Month Sept	Day 29	Age	Years About 82	Months Days
Sex Female		Color or Race Coc.		Birth- place Dont Know			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Henry Wright					
Father's Name Dont Know		Father's Birthplace Dont Know					
Mother's Maiden Name Dont Know		Mother's Birthplace Dont Know					
Name of person giving In formation Henry Wright Jr		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate Dropey		How long Six months	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John H. Heesley	
		Address Worton Ind	
Accident or Suicide?			

Ranier Ferguson

Name

in
Full*Henrietta Wright*

CERTIFICATE OF DEATH

Town

County

Died *near Millington**Kent*

MARYLAND

Date of death 1905 *Sept* *26*Age *55*Months *4*Days *7*Sex *Female*

Color or Race

Black

Birth-place

Kent

Occupation

Housework

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Husband

Thomas Wright

Father's Name

Wm Jones

Father's Birthplace

Maryland

Mother's Maiden Name

Katherine Jones

Mother's Birthplace

Name of person giving information

Thomas Wright

How related to deceased

Husband

CAUSES OF DEATH

Primary

Chronic Hepatitis

How long

Immediate

General Dropsy & Heart failure

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C P Gorman MD

Address

Millington Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Annie M Yorker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charlestown</i> ^{Town}		County <i>Kent</i>		MARYLAND		
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>16</i>	Age <i>28</i>	Years <i>3</i>	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>md</i>			
Occupation <i>Servant</i>			Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
Father's Name <i>Jas Yorker</i>			Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Sarah Jane Yorker</i>			Mother's Birthplace <i>md</i>			
Name of person giving information <i>Jas Yorker</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Carcinoma</i>	How long <i>Don't know</i>
Immediate <i>Exhaustion</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Jumper</i>
	Address <i>Charlestown, Md</i>
Accident or Suicide? <i>No</i>	

James. County